

Healthwatch England Committee Meeting Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 33 - 9th December 2020

Attendees

- Sir Robert Francis - Chair (RF)
- Phil Huggon - Vice Chair and Committee Member (PH)
- Andrew McCulloch - Committee Member (AM)
- Lee Adams - Committee Member (LA)
- Helen Parker - Committee Member (HP)
- Andrew McCulloch - Committee Member (AM)
- Sir John Oldham - Committee Member (JO)

Apologies

- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)
- Amy Kroviak - Committee Member (AK)

In Attendance

- Imelda Redmond - National Director (IR)
- Gavin Macgregor - Head of Network Development (GM)
- Chris McCann - Director of Communications, Insight and Campaigns (CM)
- Ben Knox - Head of Communications (BK)
- Felicia Hodge - Committee Administrator (minute taker) (FH)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p>Agenda Item 1.1 - Welcome and Apologies</p> <p>The Chair welcomed Committee members and other attendees. Apologies for absence were received from Danielle Oum and Amy Kroviak</p>	
1.2	<p>Agenda Item 1.2 - Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.3	<p>Agenda Item 1.3 - Minutes and actions from 9th September 2020 Committee Meeting</p> <p>The minutes from the meeting held 9th September 2020 were accepted without amendment.</p> <p>The action log was noted - action log</p> <p>IR explained that the outstanding action requesting comments on how people are treated far from home and in closed environments has been put on hold due to COVID, as access cannot be gained now.</p> <p>The review of KPI 1 - <i>Develop and approve a strategy to transform our communications with the public</i>, is being looked at as part of our strategy review.</p> <p>All other actions are complete.</p>	

<p>1.4</p>	<p>Agenda Item 1.4 - Chair's Report</p> <p>The Chair gave a verbal update on his activities since the previous meeting. He paid tribute to IR and the staff at Healthwatch England for working seamlessly and productively from home, and for organising the Healthwatch conference and network awards, which showcased the wonderful work being done by local Healthwatch.</p> <p>The Chair spoke about the disproportionate effect that COVID-19 has had on Black, Asian and Minority Ethnic and other communities and he mentioned the work carried out by HWE on the impact of the policy of rapid hospital discharge. Which had been well received and acted upon</p> <p>He explained that he has written to Ministers on two occasions about the guidance on care home visiting and this has led to constructive dialogue with officials in the department and the issue of new guidance.</p> <p>On 12th November the Chair participated in a roundtable chaired by the Secretary of State on the reforms needed if integrated care systems are to be successful, at which he highlighted the case for Healthwatch presence and involvement, which was well received. In December he took part at another roundtable chaired by the Minister of State for Health on complaints and what needs to be done from the learnings and this sits well with our own report on the need for greater consistency from the learning and transparency. He also raised the need for a non-adversarial process which puts the patient at the centre of it and their involvement throughout, and for better advocacy support on a national basis.</p> <p>The Chair has been engaged in regular meetings with DHSC to discuss our strategy and the place of the Healthwatch network as NHSE moves towards integrated care. These talks have been very constructive.</p> <p>The Chair mentioned that he is due to give evidence at a child sex abuse inquiry, dealing with effective leadership and culture. Although this is not in his capacity as Chair of Healthwatch Committee, he felt that it should be noted.</p> <p>Chair's Action</p> <p>The Chair mentioned that he has taken Chair's action under his delegated powers on two occasions since the last meeting. They are as follows:</p> <ul style="list-style-type: none"> • NHS Mandate He sent a letter to the Secretary of State for Health that covers our contribution to the NHS Mandate. The letter can be found on website • Digital Transformation Programme Following a recommendation from the Audit, Risk and Finance Sub Committee (AFRSC), the Chair authorised the expenditure to carry out the digital programme. This was not in the original budget, but the funds were available. <p>The Committee noted the report.</p>	
<p>1.5</p>	<p>Agenda item 1.5 - National Director's Report</p> <p>IR presented the National Director's report and asked the committee to note the report. The following matters were highlighted:</p> <p>IR informed the committee that she has been working on the strategic plan and thanked them for their input. She is pleased with the direction of travel that is being taken and will have it ready in January and will go into the public domain after that.</p> <p>We have recently undertaken a staff survey, the results of which have been shared with staff and we will be doing a series of workshops that ties in with our strategy and Healthwatch values.</p> <p>Healthwatch England has received information about vaccination roll out and have had briefings on who will be prioritised. Our team are working on the communications plan to the network and the public to ensure they understand how it works and how they will get access to it. We are also working at local level on counteracting anti-vaccination stories.</p>	

	<p>We published a report on Hospital Discharge. This important piece of work was timed to influence planning for hospitals and social care this current winter. The input from the network was incredible.</p> <p>IR also highlighted the work being done on digital exclusion following on from the “Dr Will Zoom You Now” campaign. Grants have been given to five local Healthwatch to work with their primary care networks talking to people over 65, people with disabilities particularly those with sensory impairment, people experiencing language barriers and the economically disadvantaged.</p> <p>We have been working with the NHS Confederation and DHSE on post COVID build back. We have representatives on various groups discussing what we have learnt from COVID and how we take this forward.</p> <p>IR highlighted the move to NHS 111 First by London A&E departments, with others being piloted around the country. It has the potential to transform how we relate to A&E departments. We have had assurance from the NHS that no one will be turned away if they turned up at A&E departments without going through NHS 11 First. Healthwatch will begin a six-week survey to track user experience.</p> <p>The Healthwatch Week conference took place over four days in early November with the highest attendance we have ever had, and some great speakers. Sir Michael Marmot opened the conference and his work on health inequalities set the tone. We also had representation from Caroline Waters, interim Chair of the Equality and Human Rights Commission. The NHS Confederation led on equality and Dr Jenny Harris (Deputy Chief Medical Officer at DHSC) joined us. 136 local Healthwatch took part. We will be evaluating the feedback for future conferences.</p> <p>The sustainability of the network remains a very high priority. We are working closely with all local authorities where the contract is up for renewal to help them commission, including 41 local authorities to extend local Healthwatch contracts. IR also paid tribute to her staff and the network for the important work they are doing in bringing insight to help the health and social care sector understand what is going on in communities.</p> <p>The Committee noted the National Director’s report and commended the way that Healthwatch have picked up the pace and have closer alignment with the network. They asked for further information about integrated care services to enable them to get a deeper understanding of the direction of travel. They also wanted to know if Healthwatch would be tracking the Covid-19 vaccine rollout. IR confirmed that we will.</p>	
<p>1.6</p>	<p>Agenda Item 1.6 - Committee Members Update</p> <p>The Committee members had nothing to report</p>	
<p>1.7</p>	<p>Agenda Item 1.7 - Annual Data Return</p> <p>GM presented the annual data return incorporating a survey with 130 local Healthwatch to understand their priorities. This survey provides a national picture of Healthwatch activity and demonstrate its impact.</p> <p>Key highlights were:</p> <ul style="list-style-type: none"> • Engagement (views shared)- 350,364 - 4% increase on 2018/19 • Engagement during Covid-19 - 590,063 • Information and signposting - 5,337,596 - 72% increase on 2018/19 • Healthwatch relationships with their stakeholders are strengthening, with the strongest being CCGs, health and wellbeing Boards and local authorities. • 34% reported that relationships with CQC had strengthen, but 4% reported a worsening of relationship with CQC. <p>Work priorities were similar to 2018/19 and included mental health, social care, health inequalities and primary care and of course since February 2020 COVID-19</p> <p>GM noted that there is inconsistency across the network when monitoring protected characteristics. More detailed work on Healthwatch approach to equality, diversity and inclusion is being carried out by Joy Beishon seconded to HWE from Healthwatch Greenwich.</p>	

	<p>GM also presented the results of the annual survey on how staff, volunteers and Board members rate Healthwatch England's support and the extent to which they feel part of the wider Healthwatch network.</p> <p>The highlights were:</p> <ul style="list-style-type: none"> • 432 respondents including staff, Boards and volunteers (2019 - 246 respondents) • 82% reported feeling part of the network (including 90% of CEOs and Chairs) • 61% (including 76% from Chairs), reported support from Healthwatch England was good or very good (9% increase from 2019) <p>The network liked the national campaigns, online training, Facebook workplace, responsiveness of staff and changes to the network team, but wanted improvements in the network site, Board connection and communication and more consistency and good practice guidance. GM confirmed that all these issues are being addressed and that it is good to see that Healthwatch England is in line with the network. There is appetite for local Healthwatch to feel a part of one Healthwatch and we continue to look for opportunities to strengthen this and support the volunteers.</p> <p>The Committee noted the report and praised GM for a good survey with positive indicators. They questioned whether there was intelligence on what was working well with CQC and what needs to be improved. JL confirmed that this data has been collected for five years.</p>	
1.8	<p>Agenda Item 1.8 - Intelligence & Insight Report for Q2</p> <p>CM presented the report setting out a summary of the views people have shared with Healthwatch from July to September 2020 and asked the committee to note the report. The following matters were highlighted:</p> <ul style="list-style-type: none"> • Access to dental care • Care homes • Access to COVID-19 testing <p>CM explained that in the future the report will be published within a 2-3 weeks turnaround as this is of more value to the public and stakeholders to get the insight out as quickly as possible.</p> <p>The Committee noted the Intelligence and Insight report and commended the team on the work done on it. They liked the idea that it would become timelier. They expressed concern on what the public were telling us about dental services. JL confirmed that the British dental Association and local dental committees were aware of the report and did not disagree with the contents. The DHSC has recommended the Chief Dental Officer take our comments on board in the next iteration of guidance to dentists.</p> <p>The committee questioned if the level of negative responses in the report was the result of reporting bias, as they were higher than comparable surveys. CM responded that the results were the views of the public who approached Healthwatch. He did note Healthwatch England's research team are looking at how best to incorporate data from external sources in future insight products. AM offered to become involved with the triangulation of the data. The Chair noted that there was no reference to the impact these deficiencies were having on the ethnic communities, hard to reach and vulnerable groups. JL explained that although we have some data, it is not consistent, and we are not capturing as much demographic data as we need. There is scope for us to do this from the "Because we all care" campaign data.</p>	
1.9	<p>Agenda Item 1.9 (a) - Equalities, Diversity & Inclusion Action Report Q2</p> <p>CM presented an update to Healthwatch activity on Equalities Diversity and Inclusion Action Plan up to mid-November 2020 and asked the committee to note the report.</p> <p>The report focused on the following concerns:</p> <ul style="list-style-type: none"> • Partners being prevented from attending ante-natal appointments and the impact on new parents • The impact caused by restrictions in visiting older people and working age adults with disabilities living in care facilities • People living in poverty who are heavily affected by health inequalities <p>The Committee noted the report and thanked CM for the excellent work that has been done. They discussed whether the committee members should have EDI and unconscious bias training</p>	

	<p>like that of the staff and the Chair asked that committee members identify any training gaps that they may have. IR mentioned that if the committee wanted to use CQC online training, they would need to have a Healthwatch email address, which can be arranged for them.</p> <p><u>ACTION FH</u> - Arrange Healthwatch email address for committee members who wants it to access CQC training</p> <p>Agenda Item 1.9 (b) - Delivery & Performance Report for Q3</p> <p>IR presented the report summarising the delivery and performance against the Business Plan and KPIs at the end of November (2020/21). The committee were asked to note the report.</p> <p>IR explained the layout of the report and the four purposes that the report covers. She thanked Sandra Abraham who puts the report together to give a true perspective of where we are against what we said we would do. The majority of programmes are on track. There are some minor delays in projects, which we aim to complete at the end of the financial year in Q4 (March 2021).</p> <p>The Committee noted the Delivery and Performance report. They requested a summary page at the beginning, which highlights exceptions. If they required further information, they could then look further into the detailed report. They also suggested that it would be useful if they had the KPI for the current quarter and trends. They were impressed that so much work was on track and paid tribute to Healthwatch England staff on this achievement. IR agreed to review the report with Sandra.</p> <p><u>ACTION IR/SA</u> - To review the delivery and performance report with a view to summarising the highlights and KPIs, particularly exceptions and mitigations for them.</p> <p>The committee wanted to know more about the stakeholder perception survey and the range of stakeholders. They also asked about benchmarking ourselves. IR responded that the key stakeholders consisted of commissioners, parliamentarians of the policy makers and partners from other organisations. JL informed the committee that although we do not benchmark ourselves against stakeholder perceptions, we do benchmark ourselves against other organisations with public awareness tracking.</p>	<p>FH</p> <p>IR/SA</p>
<p>2.0</p>	<p>Agenda Item 2.0 - Audit, Finance & Risk Sub Committee Meeting Minutes</p> <p>PH presented the draft minutes from the Audit, Finance and Risk Sub- committee meeting held in November 2020. The committee were asked to note the minutes.</p> <p>PH highlighted the following:</p> <ul style="list-style-type: none"> • The sub-committee were concerned about the underspend due to the conference and staff working virtually and the lack of travel, but as alluded to in the Chair’s report, it was recommended that £58k and £130k be used to allow the digital programme to begin which is getting plenty of scrutiny by the committee due to its complexity. • The committee is reassured that the grant process has become more transparent and the impact report allowed them to see that invoices had been paid and the impact, delivery and learnings from each project. • The sub-committee will take a closer look at the results of the staff survey at the next meeting. <p>The Committee Noted the Audit, Finance and Risk Sub-committee draft minutes and the Chair thanked the members of the sub-committee.</p>	
<p>2.1</p>	<p>Agenda Item 2.1- Forward Plan</p> <p>There was nothing to add to the forward plan.</p> <p>The committee noted the plan</p>	

	<p>Comments from the public</p> <p>There were questions from Peter Bower (Chair of Healthwatch South Tyneside) in the “chat” section of the meeting asking for the progress on the work being done on the health and wellbeing board and if it would be reasonable to invite the regional link to their Board about the work that Healthwatch and CQC are collaborating on, which is not recognised at local level and the reluctance to invite lay input into key changes and decision making bodies. Peter also asked is Healthwatch England planning any work on the importance of democratic involvement? As Peter had left the meeting, IR agreed to respond to him outside the meeting and get clarity on the democratic involvement question.</p> <p>Karen Kelland questioned why Healthwatch England was not interested in the internal market in the NHS. IR responded that although Healthwatch England are interested, we do not feel that we have to add our voice as there are already very strong voices on this and it would be unusual for people to talk to us about the internal market. She reiterated that the biggest priority for Healthwatch England was in the legislation that comes in January to ensure that public, service user voices are heard at every level of the NHS for the future.</p>	
	<p>AOB</p> <p>There was no other business to discuss</p>	
	<p>The Chair thanked everyone for attending and wished everyone a Happy Christmas.</p> <p>The chair closed the meeting at 15:30 pm.</p>	
	<p>Due to COVID-19 the next meeting will be held via Teams Meeting 9th March 2021. Further details to follow.</p>	